

# Exhibit C



December 23, 2019

Patricia Pritchard  
 [REDACTED]  
 Bremerton WA 98310 [REDACTED]

Subscriber: Patricia Pritchard  
 Group/Sub. No.: [REDACTED] 8820  
 Claim No.: Pre-Service Benefit Determination  
 Appeal ID No.: [REDACTED] 0472  
 Appeal Type: Member's Authorized Representative  
 Phone: (866)776-4244  
 Fax: (918)551-2011  
 Email: SDOAppeals@bcbsil.com

**Subject: Your appeal request**

Dear Patricia Pritchard,

We have your appeal request for the service(s) below.

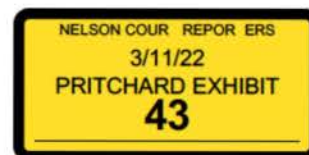
Based on your plan, our prior response dated April 26, 2018 completed the internal appeal process that is available to you. Please refer to our final decision letter for any additional rights that you may have.

Appeals Request	Reconsideration of Surgical Procedure		
Member	C [REDACTED] P [REDACTED]	Provider	Kevin Hatfield, M.D.
Service Date(s)	Pre-Service Benefit Determination	Facility	The Polyclinic
Initial Decision	This service is not a benefit of the contract (provision is not covered).	Initial Decision Code	299
Initial Decision Date	April 21, 2017	Claim Amount	\$0.00

If you have questions or to request copies, please contact Customer Service at the number above.

Sincerely,

Shannon H  
 Appeals Specialist II



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20191224BCA J3A5



**BlueCross BlueShield  
of Illinois**

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Appeals Department

Cc: The Polyclinic  
Kevin Hatfield MD

Attachment:  
IL02.G.UGF.F